

Chapter 11

Emergency Preparedness

Medical Emergencies

Levels of Emergency Response:

1. Calling 9-1-1: medical emergencies that require immediate medical attention; the individual is in imminent danger; and/or a crime has taken place.
2. Urgent Call to Doctor: potentially serious signs or symptoms that require an urgent report to the individual's doctor.
3. Routine Treatment: signs or symptoms that are addressed by simple First Aid or written doctor's orders.

Calling 9-1-1

A 9-1-1 call involves medical emergencies that require immediate medical attention. If you think you need to call 911, *do it!* Don't call someone to ask if you should. If you have any question in your mind, make the call. Timeliness in recognizing signs and symptoms that require emergency medical treatment can be the difference between life and death. Always call 9-1-1 if the following occurs:

- Bleeding that can't be controlled
- Unconsciousness (not related to a seizure)
- No pulse
- Trouble breathing or breathing in a strange way
- Chest pain or pressure
- Severe injuries, such as broken bones as a result of an accident
- Choking (not breathing and not coughing)
- Injuries to the head, neck, or back
- Shock
- A seizure lasting five minutes, continuous seizures, or based on doctor's instruction
- Electrical shock
- Drowning or near drowning
- Paralysis, numbness, confusion
- Severe burns (burns that cover more than one part of the body or on head, neck, hands, feet, or genitals)
- Imminent danger
- A crime has been committed
- Mental health emergency

When you call 9-1-1, tell them:

- Who you are
- Where you are
- What has happened
- When it happened

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Stay on the phone until the dispatcher tells you to hang up. While waiting for emergency medical personnel, stay calm and reassure the individual, stay with him or her, and do necessary first-aid and/or CPR. If possible, send another person to watch for the ambulance to quickly guide the emergency personnel to the scene.

When the emergency personnel arrive, provide them with additional information including current medications, allergies, insurance information, and the name and phone number of the individual's primary doctor. It is a good idea to also call the primary doctor as soon as you can.

Urgent Call to Doctor

An *urgent call to a doctor* is prompted by potentially serious signs or symptoms that require a timely report to the individual's doctor. Some signs and symptoms indicate a need for urgent medical care. In these situations, you should call the individual's doctor and report the signs and symptoms so that the doctor can assess the person's condition and determine the appropriate course of action.

While the person's life may not be immediately threatened, the signs and symptoms listed below are serious, and you must report them to the individual's doctor as soon as they are identified.

Examples of changes that may be signs and symptoms of illness or injury and that require an urgent call to the doctor:

- Rapid change in behavior or an increase in challenging behavior (such as aggression or self-injurious behavior)
- Sleeping most of the day; unusual difficulty in arousing; unusual fatigue
- Scratching or holding one or both ears
- Holding abdomen
- Dramatic change in facial expression or demeanor
- Evidence of pain or discomfort that is not easily explained
- New or sudden onset of incontinence
- Onset of fever of 101 degrees or higher
- Diarrhea or vomiting lasting more than four hour
- Rash lasting several days or getting worse
- Increase in seizure activity
- Onset of limping, inability to walk, or difficulty in movement
- Severe sore throat/difficulty swallowing
- Infection at injury site
- Swelling

Always report these changes to the doctor as soon as possible. *When in doubt, call the doctor.* When you call the doctor, stay on the phone until you get assistance. If you think the doctor did not understand how serious the situation is, or if it gets worse, call 9-1-1. Your actions can save a life.

HOW TO CREATE AND MAINTAIN A SAFE HOME ENVIRONMENT

Falls commonly occur on flights of stairs, ladders, chairs and stools, roofs, and when getting in and out of bathtubs. Some falls are caused by individuals who step on an unseen object, such as marbles or a skateboard. Individuals of all ages fall out of bed or fall while getting out of bed. One of every four falls takes place on a level surface. Falls are caused frequently by carelessness. Some people just trip. Others are in too much of a hurry, playing roughly, or don't see an object before they fall over it. Some falls are caused by health problems such as fainting, poor eyesight, hypertension, osteoporosis of the hip, or overmedication.

Sometimes people fall when they are assisting others. The individuals you support are at an increased risk of falling and of suffering injury due to their disabilities, medication, and/or health problems. Individuals with a seizure disorder sometimes

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experience hard falls that result in injuries during their seizures. Similarly, poor coordination and muscle control associated with cerebral palsy can cause someone to fall, especially when the individual has a wobbly or unsteady gait.

Ways to Prevent Falls:

- Identify individuals at risk for falling and document fall precautions in the IISP.
- Be sure individuals needing assistive devices (canes, walkers) use them and store them properly.
- Keep cords, wires, and hoses out of walkways.
- Make sure adequate staff are available when an individual is physically lifted from one place to another, and make sure there is enough space.
- Provide handrails and guard rails at all elevated walkways or stairs.
- Use safety adaptations in the shower, such as a rubber mat in the bathtub or shower stall, a shower bench when the individual is unsteady or not well coordinated, or grab bars in the bathtub or shower stall.
- Keep the floors dry and clutter free.
- Install nightlights in bedrooms, halls, and bathrooms.
- Be sure nothing (clothes, toys, books) is left on stairways or on the floor.
- Use non-skid matting under floor rugs.
- Carpet stairs and put a rubber runner on stairs to basement.
- Replace worn out carpet and make sure it doesn't come loose.
- Use a ladder rather than stretching to reach something.
- Use well-maintained ladders and always have another individual close by.
- Provide good outdoor lighting on walks and driveways.
- When it is icy, put sand or salt on porches and other walkways. Remove snow.

Emergency Response to a Fall Incident

Even with the best precautions, falls may occur. The degree and care with which you provide immediate assistance, prevent additional injury, and obtain medical assistance (if necessary) is what makes the difference in the result of a fall. Once you become aware of the situation, carefully and quickly assess the situation by listening, observing, and questioning:

- Listen to what the individual is telling you.
- Observe the position of his body and look for signs of bleeding, broken limbs, or breathing problems.
- Ask the individual what he or she is feeling.

Your response to an individual's fall depends on the circumstances of the fall, the individual's ongoing health status, and what injury the individual appears to have sustained. If an individual appears to be seriously hurt, is bleeding badly, complains of sharp pain, appears to have a broken bone or appears to have a change of consciousness, CALL 9-1-1 FOR ASSISTANCE. DO NOT MOVE THE INDIVIDUAL. Document all falling incidents in the individual's record and complete an Incident Report, if required.

Disasters and Other Emergencies

Responding to a Power Outage

When the power goes out, it can be quite unnerving, especially if it happens during the dark hours of the night. During a disaster situation, electric power can be out for days or weeks. It is important to plan ahead for the possibility of losing electric power. Know where the flashlight and other emergency supplies are kept. Keep at least two or three flashlights in your home and make sure there are spare batteries.

If the power goes out check your neighborhood/apartment complex to see if others are without power.

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If you are the only home/unit without power, contact the landlord and request they determine what has caused the outage, e.g. the circuit breaker has been tripped, etc. Turn off all large appliances until power has been restored.

If the power outage is external to your home follow these guidelines:

- Sometimes when power is restored power levels can vary considerable and damage electrical appliances. Therefore you will want to turn off the lights and all electric appliances except for the refrigerator and freezer.
- After you have turned off the lights, go back and turn on one single light so that you will know when the power is working again. Wait at least 15 minutes before turning on the remaining appliances after the power has been restored.
- People who depend on electrical equipment for health issues should have a plan in advance of a power outage. This may mean purchasing a backup power supply such as a generator. They should register with the local utility so their home will be noted with top priority for power supply restoration.
- If a generator is used always follow the manufacturer's instruction and run them outdoors to prevent fumes from causing carbon monoxide poisoning. Plug the generator directly into the appliance you want to operate, not into your home's main electrical panel which could result in serious injury or death.
- It is important to keep freezer and refrigerator doors closed to prevent the loss of cold air. A fully loaded refrigerator may keep food fresh for about six hours. A fully loaded freezer may keep food frozen for up to two days. If your power may be out for more than a few hours try to eat refrigerated foods first, then frozen foods, then non-perishable items.
- Never use charcoal, gas, or propane heaters indoors. Doing so can lead to carbon monoxide poisoning (see Carbon Monoxide Poisoning section in this chapter).

Poisoning

Accidental poisoning is one of the most tragic and preventable causes of injury. A poison is a substance that causes injury or illness if it gets into the body.

There are four ways a poison can enter the body:

1. Swallowing
2. Breathing
3. Touching
4. Injecting

Combinations of certain substances can be poisonous; however, they might not cause harm if taken alone. Not everyone reacts to poisons in the same way. A substance that harmful to one individual may not always be harmful to another.

Preventing Poisonings

Many common household chemical products are poisonous and deserve special handling and labeling. All potentially poisonous products found in the home must be: stored in their original containers; kept separate from food items; and inaccessible to individuals who may not understand their level of dangerousness, in order to prevent individuals from eating, drinking them or getting the substance on their skin or in their eyes.

Common Household Poisons

Alcohol
Mothballs
Nail polish and nail polish remover
Oven cleaner
Glass cleaner
Scouring pads

Laundry detergent
Dishwasher detergent
Drain cleaner
Drugs of any kind
Furniture polish
Scouring powder/pads

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Toilet cleaner
Air freshener
Bleach
Cosmetics
Grease remover
Paint and paint thinner
Some household plants

Weed killer
Insecticide
Cigarettes and tobacco
Glass cleaner
Any cleaning product
Any medication

Be Prepared

Even when preventive steps are taken, an accidental poisoning may occur. If this happens, you must get emergency medical assistance as quickly as possible. In emergency situations, the DSP staff who is prepared and who maintains control is the most helpful. You might believe that you know what you would do in an emergency, but it is at this critical time that you just might find you are not prepared. The first step in being prepared to handle an accidental poisoning is to post the **Poison Control phone number: 1-800-222-1222** next to the phone in a way to avoid its being moved.

Emergency Response to a Poisoning Incident

- Immediately call the Poison Control Center and remain calm.
- Have someone stay with the individual.
- Report the source of the poisoning (brand name and label, if possible).
- Report the amount ingested (if you don't know, say so).
- Report age and weight of the individual.
- Report elapsed time since the incident occurred.

If an individual appears to have been poisoned, first call the Poison Control Center for advice: 1-800-222-1222, then call 911

Carbon Monoxide Poisoning

Carbon monoxide is an odorless, colorless gas that can cause sudden illness and death. It is found in combustion fumes, such as those produced by automobiles, small engines, stoves, lanterns, burning charcoal and wood, gas ranges and heating systems. CO from these sources can build up in enclosed or semi-enclosed spaces. People in these spaces can be poisoned by breathing it.

Common symptoms of CO poisoning are headache, dizziness, weakness, nausea, vomiting, chest pain and confusion. High levels of CO inhalation can cause loss of consciousness and death. People who are sleeping or intoxicated can die from CO poisoning before ever experiencing symptoms.

If you or someone you are with develops signs or symptoms of CO poisoning get into fresh air immediately and call 911 for emergency medical help.

Risk of carbon monoxide poisoning is reduced by:

- Not using a gas range or oven for heating
- Not using a charcoal grill or barbecue grill indoors
- Not using a portable gas grill or camp stove indoors
- Not using a generator inside your home, basement, garage or near a window, door or vent
- Not using portable flameless chemical heaters (catalytic) indoors
- Ensuring fireplace and stove is well vented
- Ensuring all gas appliances are vented so that CO will not build up in your home
- Having your chimney checked and cleaned every year

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- Never running an automobile in the garage with the garage door shut
- Ensuring that, If you drive a vehicle with a rear cargo door open (such as in a mini-van or SUV), you open vents or windows to make sure air is moving through your car
- Installing a battery operated CO detector in your home and checking or replacing the battery when you change the time on your clocks each spring and fall

For placement of CO detectors, manufacturer's recommendations differ to a degree, based on research conducted with each one's specific detector; therefore, make sure to read the provided installation manual for each detector before installing. (Information on HOMESAFE.com website.)

Drowning

Drowning prevention is a concern both in bathing and recreational water activities. It is important to be familiar with the needs of the individual you are supporting as it pertains to activities involving water. During bathing activities, it may be take necessary to take precautions to protect the individual from harm, while at the same time maintaining their privacy and dignity.

Bathing

Drowning while bathing is a serious problem which has resulted in the recent deaths of several individuals with developmental disabilities. Several of these accidents resulted from individuals being left alone. However, a person can drown in a cupful of water in a short period of time. Individuals with developmental disabilities rely on on ISS staff to make correct judgments to ensure their safety and welfare.

Individuals with seizure disorders and physical disabilities are at an increased risk of harm while in water. Drowning from a seizure in a bathtub represents a small, but potentially *preventable accident*. Some individuals you work with may have a specific bathing or showering plan that must be followed. If you have questions or concerns about the plan or it is not clear what you are required to do, ask your supervisor for clarification.

Water Activities

Precautions that prevent drowning during recreational water activities:

- Don't allow rough play or running near a swimming pool.
- Don't allow diving into water that is less than four feet deep.
- Keep electrical cords and devices away from water.
- Encourage all individuals who do not swim well to use an approved personal flotation device when swimming or life jacket when riding in a boat.
- When swimming, it is always a good idea to make sure a certified life guard is present.

Emergency Response to Drowning

- Remove the person from the water.
- If another person is present, call 9-1-1 while the other person administers First Aid/CPR.
- If alone, call 9-1-1 first and then administer First Aid/CPR.
- When safe to do so, follow your agencies policy when reporting an emergency.

MENTAL HEALTH EMERGENCIES

It is your responsibility to be familiar with the individual's Individual Instruction Support Plan, especially if the individual has a Positive Behavior Support Plan and/or Cross Systems Crisis Plan. Incorporated in these documents is information regarding when to access law enforcement and/or mental health agencies.

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MISSING INDIVIDUAL

An individual is considered *missing* under the following conditions:

- An individual who does not require 24-hour scheduled support misses a scheduled appointment and cannot be contacted for two (2) hours (unless the individual's plan indicates a different time period).
- An individual who receives 24-hour scheduled support is out of contact with staff for more than two (2) hours without prior arrangement (unless the individual's plan indicates a different time period).
- An individual without good survival skills may be considered in "immediate jeopardy" when missing for any period of time based on his/her personal history, regardless of the hours of support received.

Follow your agency's policy and procedures with regard to missing individuals.

HOW TO PREPARE FOR AND RESPOND TO NATURAL OR OTHER DISASTERS: ENVIRONMENTAL EMERGENCIES (FIRE, EARTHQUAKE, AND FLOOD)

We can rarely predict environmental emergencies, but we can do our best to prepare for them. The manner in which you react in an emergency depends upon your recognition of potential risks, your skill in following the emergency plan, and your ability to remain calm in the face of uncertainty.

Some environmental emergencies are internal, such as when a fire occurs within the home. Others are external, such as when an earthquake, flood, tornado, toxic spill, or other event outside the home interferes with power, water, food supplies, or other essential services. Some external disasters trigger internal ones as well, such as when a flood damages a home, or an earthquake triggers a fire.

External disasters—which include floods, earthquakes, high winds, toxic spills and the like—typically disrupt travel, communications, and basic utilities (e.g., gas, water, and electricity) and put an intense strain on emergency services, including medical care.

Once a disaster occurs, there are four questions that must be asked:

1. Are there injuries that require First Aid and medical attention?
2. Does the home have to be evacuated, or is it safe to occupy?
3. Are there sources of food and water?
4. Has the disaster interfered with public utilities, such as gas, electricity, and communications?

The Four P's: Prepare, Plan, Practice, Perform

To minimize the likelihood of an environmental emergency and to respond well, follow the "4 Ps":

PREPARE: Have the right things available.

PLAN: Decide who will do what.

PRACTICE: Schedule fire and disaster drills.

PERFORM: Use your knowledge and skills to take the right action in an emergency.

Following the "4 Ps" helps one minimize the likelihood of an environmental emergency and respond to such an emergency well.

PREPARE

Every home needs to have critical supplies on hand because of the disruption environmental disasters create. In addition to fire extinguishers and smoke detectors that every home should have, each household needs a number of other items, including:

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- First Aid kit and First Aid book
- Disaster Kits
- A current posted Disaster Plan, with information about relocation, Poison Control, and physician names and telephone numbers

It is also suggested that each home has an emergency supply of food and water.

In addition, have a number of items for each individual living in the home including:

- List of current medications and prescribing physician
- Currently prescribed medications on hand
- Emergency information (e.g., name, date of birth, home address, and phone number of individual; name, address, and phone number of administrator; medical insurance numbers; known allergies and food sensitivities; and name, address, and phone number of relatives or closest friends)
- State medical or other insurance card
- Other personal and health-related information in a readily accessible form
- A change of clothing, rain gear, and sturdy shoes
- Blankets or sleeping bag
- Any needed adaptive equipment or assistive device (for example, wheelchair, extra pair of glasses)

PLAN

Learn your agency's home disaster preparedness plan. Understanding the reason for actions you should take may also result in identifying strategies for a more successful plan.

PRACTICE

Know how to respond appropriately to an external disaster through practice. Knowing you need to turn off the gas is only useful if you know how to do this and have the tools to complete the task. Practice the following responses to a disaster:

- Turning off gas, water, and electricity
- Providing first aid
- Getting individuals to the assistance they need
- Communicating with other staff

PERFORM

The nature of an external disaster will dictate how best to respond at the time. It is always advisable to stay calm. For example: in an earthquake, the best way to respond depends on where you are at the time. If you are inside a building, stay away from windows, stand in a doorway, or crouch under a sturdy desk or table. If you are outside, stand away from buildings, trees, and telephone and electrical lines. If you are in a car, drive away from underpasses or overpasses, stop in a safe area, and stay in the car.

Responding to Disasters:

Earthquakes

If indoors

- DROP to the ground; take COVER by getting under a sturdy table or other piece of furniture; and HOLD ON until the shaking stops. If there isn't a table or desk near you, cover your face and head with your arms and crouch in an inside corner of the building.
- Stay away from glass, windows, outside doors and walls, and anything that could fall, such as lighting fixtures or furniture.

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- Stay in bed if you are there when the earthquake strikes. Hold on and protect your head with a pillow, unless you are under a heavy light fixture that could fall. In that case, move to the nearest safe place.
- Use a doorway for shelter only if it is in close proximity to you and if you know it is a strongly supported, loadbearing doorway.
- Stay inside until the shaking stops and it is safe to go outside. Research has shown that most injuries occur when people inside buildings attempt to move to a different location inside the building or try to leave.
- Be aware that the electricity may go out or the sprinkler systems or fire alarms may turn on.
- DO NOT use the elevators.

If outdoors

- Stay there.
- Move away from buildings, streetlights, and utility wires.
- Once in the open, stay there until the shaking stops. The greatest danger exists directly outside buildings, at exits and alongside exterior walls. Most earthquake related casualties result from collapsing walls, flying glass, and falling objects.

If in a moving vehicle

- Stop as quickly as safety permits and stay in the vehicle. Avoid stopping near or under buildings, trees, overpasses, and utility wires.
- Proceed cautiously once the earthquake has stopped. Avoid roads, bridges, or ramps that might have been damaged by the earthquake.

If trapped under debris

- Do not light a match
- Do not move about or kick up dust.
- Cover your mouth with a handkerchief or clothing.
- Tap on a pipe or wall so rescuers can locate you. Use a whistle if one is available. Shout only as a last resort. Shouting can cause you to inhale dangerous amounts of dust.

After an earthquake:

- Check for injuries and provide any needed first aid.
- Check for gas, water, electrical, or other breaks. Turn off utilities where danger exists (for example, if you smell gas, turn off gas near meter).
- Check for building damage (for example, around chimneys and foundations).
- Clean up dangerous spills (for example, glass or water).
- Turn on your radio and listen for instructions.
- Use the telephone only for emergencies.

Floods

Floods are the most common and widespread of all natural disasters. If you live in an area where floods occur, you should know the following:

What to do before a flood

- Plan for evacuation including where you are going to go and the route you will follow.
- Prepare your home for a flood. Call your local building department or office of emergency management for information.

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- Purchase flood insurance.
- Keep all insurance policies and a list of valuable items in a safe place.
- Take photos or a videotape of the valuables you keep in your home.
- Listen to your radio or television for reports of flood danger.
- Keep your car filled with gas.

What to do during a flood

- Do not try to walk or drive through flooded areas. Water can be deeper than it appears and water levels rise quickly. Follow official emergency evacuation routes. If your car stalls in floodwater, get out quickly and move to higher ground.
- Stay away from moving water; moving water six inches deep can sweep you off your feet. Cars are easily swept away in just two feet of water.
- Stay away from disaster areas unless authorities ask for volunteers.
- Stay away from downed power lines.
- If your home is flooded, turn the utilities off until emergency officials tell you it is safe to turn them on. Do not pump the basement out until floodwater recedes. Avoid weakened floors, walls and rooftops.
- Wash your hands frequently with soap and clean water if you come in contact with floodwaters.

What to do after a flood

- Wear gloves and boots when cleaning up.
- Open all doors and windows. Use fans if possible to air out the building.
- Wash all clothes and linens in hot water.
- Discard mattresses and stuffed furniture. They can't be adequately cleaned.
- Wash dirt and mud from walls, counters and hard surfaced floors with soap and water. Disinfect by wiping surfaces with a solution of one cup bleach per gallon of water.
- Discard all food that has come into contact with floodwater. Canned food is alright, but thoroughly wash the can before opening.
- If your well is flooded, your tap water is probably unsafe. If you have public water, the health department will let you know—through radio and television—if your water is not safe to drink. Until your water is safe, use clean bottled water.
- Learn how to purify water. If you have a well, learn how to decontaminate it.
- Do not use your septic system when water is standing on the ground around it. The ground below will not absorb water from sinks or toilets. When the soil has dried, it is probably safe to again use your septic system. To be sure, contact your local health department.
- When floodwaters have receded, watch out for weakened road surfaces.

Tsunamis

A tsunami is a series of destructive waves affecting shorelines. Tsunamis are usually generated by earthquakes. Tsunamis may also be caused by underwater landslides or underwater volcanic eruptions.

Tsunami dangers

- Tsunami waves can be created by events thousands of miles from our beaches.
- Tsunami waves can be as tall as 30 feet when they come ashore; 100 feet in extreme cases. They can move inland from several hundred feet to several miles.
- A tsunami can cause a series of waves that arrive over several hours. Later waves can be larger than the first wave.
- Tsunamis move faster than a person can run.
- Tsunamis have enormous power—enough to move rocks weighing several tons, boats and other debris. Homes and other buildings can be destroyed. People can be killed or injured by the force of the water.

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Tsunami definitions

The National Oceanic and Atmospheric Administration (NOAA) can issue a tsunami watch or warning within 15 minutes after an earthquake.

Tsunami Advisory

- An advisory reports a threat of a potential tsunami that may produce strong currents or waves dangerous to those in or near the water.
- Listen to your radio, NOAA Weather Radio, or TV for updates on the watch.
- Know well in advance what your safest evacuation route will be.
- Local officials will determine appropriate actions such as closing beaches, evacuating people, repositioning ships, etc.

Tsunami Watch

- A watch reports conditions that may cause a tsunami.
- Listen to your radio, NOAA Weather Radio, or TV for updates on the watch.
- Know well in advance what your safest evacuation route will be.

Tsunami Warning

- A warning reports that a tsunami may have been generated.
- Move to higher ground or inland.
- If no higher ground is near, go to upper levels of reinforced buildings.
- Continue to monitor your local radio or NOAA Weather Radio for further information and instructions.
- Wait for the “All Clear” before you return to the beach or to your home.

What to do at the beach

Immediately head for high ground; do not wait for a warning if:

- The ground shakes.
- You hear a siren.
- The ocean recedes dramatically from the shoreline.

Coastal evacuation signs

Tsunami evacuation route signs have been placed along coastal roadways to indicate the direction inland or to higher ground. In some places, there may be more than one route to safer areas. These routes may be marked with several signs showing additional options for evacuation. You should know the evacuation routes for your area.

Cold Weather

Winter storms can range from moderate snow over a few hours to blizzard conditions with blinding, wind-driven snow or freezing rain that lasts several days. The time to prepare is before the snow falls or ice forms.

Preparing for winter storms

- Listen to your radio or television for winter storm forecasts and other information.
- Prepare your home for cold weather. Install storm windows. Insulate outside walls, attics and crawl spaces. Wrap pipes, especially those near cold outer walls or in attics or crawl spaces. Repair leaks in the roof, around the doors and in the windows.
- Have appropriate cold weather clothing available.
- If you have a kerosene heater, refuel your heater outside and remember to keep it at least three feet from flammable objects.
- Make sure your fireplace functions properly.
- Have rock salt and sand on hand for traction on ice.
- Fill your gas tank before the snow starts falling.

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During a winter storm

- Wear several layers of loose-fitting, lightweight, warm clothing rather than one layer of heavy clothing. Wear mittens rather than gloves. Wear a warm, woolen cap.
- Do not drive unnecessarily.
- Reduce the temperature in your home to conserve fuel.
- Heat only the areas of your home you are using. Close doors and curtains or cover windows and doors with blankets.
- Use alternative heat methods safely. Never use a gas or charcoal grill, hibachi or portable propane heater to cook indoors or heat your home.
- Never use a generator indoors or in a garage or carport.
- Be careful when shoveling snow. Do not overexert yourself.
- Be sure to eat regularly. Food provides calories that maintain body heat.
- Watch for signs of frostbite and hypothermia — slurred speech, disorientation, uncontrollable shivering, stumbling, drowsiness and body temperature of 95 degrees Fahrenheit or less.
- If you become trapped outside, get out of the wind and stay dry. Build a lean-to or snow cave if nothing else is available. Do not eat snow; it will make you too cold.
- Bring dogs and cats inside during cold weather.

If in your vehicle

- Make sure someone knows where you are going. Stay on the main roads.
- If you must stop, remain inside the vehicle. Use a bright distress flag or your hazard lights to draw attention to your vehicle.
- If trapped in a blizzard, clear your tail pipe and run your engine and heater for 10 minutes every hour. Open your window slightly.
- During night hours, keep the dome light on in the car so rescue crews can see your vehicle.
- Keep an emergency kit in your vehicle. Include a three-day supply of water and non-perishable food that can be eaten without being cooked. Include a blanket or sleeping bag for each passenger, a flashlight, cell phone, shovel, sack of sand or kitty litter, booster cables, flare, coffee can with lid, and toilet paper.

Radiation Exposure

One possible source of radiation exposure is a “dirty bomb.” A dirty bomb is a small explosive device packaged with radioactive materials. During any event that releases radiation, your best protection is to follow the recommendations of authorities.

Stay inside

Stay inside your home or office unless instructed by civil authorities to leave. Close the windows, turn off the heating or air conditioning, and stay near the center of the building. Once the initial blast is over, radioactive materials may be spread in the smoke and debris in the air. By staying inside you will reduce any potential exposure to airborne radioactive material. If there is a basement, go there.

Listen to the radio

When you learn that radioactive materials have been released in an area near you—either accidentally or intentionally—tune your radio to the emergency broadcasting network for instructions. Government agencies will let you know how to protect yourself. Keep a battery-powered radio handy in case electrical power goes out in your area.

Follow instructions

The best way to avoid exposure to radiation is to do what experts advise. If told to evacuate, do so promptly. Take items you will need for an extended absence, such as prescription medicines and clothing. Listen for news about the location of

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the radioactive cloud. Even if it has already passed, radioactive contamination may have fallen on the ground and experts will recommend the best ways to safely leave the area.

If you suspect you are contaminated

If you believe you have been exposed to radioactive materials, you should carefully remove your outer layer of clothing and put it in a plastic bag; then take a warm shower to rinse off any radioactive materials. Place the sealed plastic bag in a room away from people.

Seek help if needed

Special assistance centers will be set up as soon as possible. Center locations will be made available through the media and on health department and other emergency service Web sites. If this information is not yet available, go to a police or fire station located outside of the affected area. If you were near the explosion or believe you were in the path of the cloud, tell the staff at the station or assistance center.

Watch what you eat

Avoid drinking fresh milk or eating fruits and vegetables grown in the affected area. Wait until the Department of Health announces that produce and dairy products are safe to eat and drink. Milk, fruit and vegetables are okay to eat if they were bought or picked before the radiation was released and were stored indoors. Food stored in cans or bags is also safe to eat. Be sure to thoroughly rinse off containers before opening.

Responding to Disasters: Fires

Fires are the third leading cause of accidental deaths in the home. They often result in serious injury and cause extensive property damage. One third of deaths from fire (burning or smoke inhalation) occur between midnight and 4:00 a.m., when most people are sleeping.

Preventing the fire is the number one priority. Many fires are the result of neglect, indifference, carelessness (the most common cause of fire is careless smoking), or laziness. We can do something about these things.

Preventing Fires

Consider “rate of rise” smoke detectors in kitchens and garages, places more likely to have a fire where there is a sudden change of temperature with little smoke. Bedrooms and living rooms should have hardwired smoke detectors with battery backup.

Smoke detectors wired into an alarm system provide additional security. If the detectors are battery operated, they should be checked monthly, and batteries should be replaced at least yearly.

Fire prevention is a team activity. A number of things can be done to minimize fire hazards in the home:

- Check smoke detectors monthly and replace batteries annually or as needed.
- Use canned smoke, not an open flame, to test smoke detectors.
- Place fire extinguishers in appropriate places, such as the kitchen.
- Train staff to use fire extinguishers.
- Have fire extinguishers serviced periodically.
- Teach everyone in the home what to do if a fire occurs (e.g., safely exiting the home).
- Check to see that windows in bedrooms are not more than 44 inches above the floor to allow for egress.
- Do not allow smoking in bed. Even better, do not allow smoking in the house.
- Do not leave matches or lighters around.
- Set all cigarettes—smoked inside or outside the home—in an ashtray.

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- Dispose of cigarette butts in a tin can with sand. Be careful not to empty this can just after burying a cigarette butt in the sand.
- Clean ovens and fireplaces on a regular basis.
- Do not overload electrical circuits.
- Do not use extension cords running under rugs.
- Repair frayed or shredded electrical cords immediately.
- Use extreme care with space heaters. Be sure the circuit is sized to handle the heater.
- Do not let rubbish (especially paper, rags, and old clothes) accumulate under stairs, in the attic, or in the basement.
- Keep flammable liquids in tightly closed metal containers, away from heat sources.
- Store any rags used to wipe up oil or paint in a tightly closed metal containers, or submerge them in water and dispose of them quickly.

Responding to a Fire

Become acquainted with and use the prevention services of local fire departments. The fire department is available to review evacuation plans.

Using a Fire Extinguisher

Before using your fire extinguisher, be sure to read the instructions carefully. Although there are many different types of fire extinguishers, all of them operate in a similar manner. Use this acronym as a quick reference:

P.A.S.S.

Pull the Pin at the top of the extinguisher. The pin releases a locking mechanism and will allow you to discharge the extinguisher.

Aim at the base of the fire, not the flames. This is important. In order to put out the fire, you must extinguish the fuel.

Squeeze the lever slowly. This will release the extinguishing agent in the extinguisher.
If the handle is released, the discharge will stop.

Sweep from side to side. Using a sweeping motion, move the fire extinguisher back and forth until the fire is completely out. Operate the extinguisher from a safe distance, several feet away, and then move towards the fire once it starts to diminish. Be sure to read the instructions on your fire extinguisher. Different fire extinguishers recommend operating them from different distances. Remember: aim at the base of the fire, not at the flames!!!!

What to Do If You Smell Smoke or Discover a Fire

Having a plan and practicing the plan is critical. A Disaster Plan should be simple. In an emergency, stay calm and take specific actions.

In case of fire:

- Ensure that the individuals in the home are safe by immediately assisting them leave the home as fast as possible, and go to the designated meeting place.
- Do not stop to get any belongings.
- Once out, **STAY OUT**. Never go back into a burning building for any reason.
- If someone is missing, tell the firefighters.
- Call 9-1-1 from a neighbor's house or cell phone.
- If there is smoke in the room, stay low or crawl to your exit.

Fundamentals

- If you can't escape, put wet cloth, bath towels or fabric around doors to block off smoke. Crawl to a window and open it. Yell out the window for help and wave a sheet or cloth for attention. If there is a phone in the room, call for help.

Fire Drills, Preparation and Planning

Fire drills are required regularly and results documented. In preparation for drills, or in addition to drills, a lot of valuable teaching and learning is possible.

Here are some things to teach individuals living in your home:

- Reacting to an alarm by exiting along a path that avoids the fire
- Remaining calm and walking, crawling, or wheeling out of the house
- Going to an agreed-upon meeting point, such as the edge of the street in front of the neighbor's house in order to be accounted for

Homes Must Have Fire Escape Plans

Here are some things that belong in the plan:

- Floor plans, showing escape routes.
- A rendezvous point that is outside the home and away from danger.
- Specific roles and responsibilities of ISS staffs and residents.
- Location of multi-purpose, labeled "A-B-C" fire extinguishers. An "A-B-C" fire extinguisher can be used on all types of fires: wood; cloth and paper; oil; gas; kerosene; and electrical fires. Other types of fire extinguishers work only on certain types of fires.
- Awareness of gas leaks. Call the gas company and get out of the house if you smell gas.
- Taking care with all electrical appliances and make sure they are in good working condition (hair curling iron, toaster, irons, or space heaters).
- Proper wattage bulbs in lamps.

Fire extinguishers have a role if a fire is small and can be readily contained, but it is important for staff to follow fire escape plans. Practicing these plans should be a regular and frequent exercise for both staff and residents. Drills should be scheduled to cover various shifts, and some should occur when individuals and staff are inconvenienced (in bed, taking a shower). The more practice individuals have, the more likely they will act responsibly and safely in the event of a real emergency.

RISK MANAGEMENT

Your role in risk management is to actively promote practices that will keep individuals safe. Whenever possible, anticipate risks that may exist for individuals and prevent them from happening.

Risk management is something that, even now, you do every day. For example, when you get in a car, you put on your safety belt because you know that this will reasonably reduce your risk of injury or death in case of an accident. The whole purpose of risk management is to anticipate potential risks and to develop individualized strategies to reduce the risk.

The following principles are basic to your practice of risk management:

1. Prevention of serious incidents is the number one priority. The best possible risk management strategy is to anticipate risks and prevent them from happening. As ISS staff, your first priority is to prevent injury or harm to individuals you support and to protect them from abuse, neglect, and exploitation.

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2. Creation and maintenance of safe environments is everyone's responsibility. We are all responsible for looking out for risks and making environments safer. If you see a rake left where someone could trip over it, put it away. If there is water on the floor that might cause someone to slip, wipe it up. Again, you need to anticipate risks and prevent accidents from happening.
3. Open communication is key to prevention. Open communication and sharing of information is key to identifying risks and ensuring safety. *Everyone* may have important information about potential risks and how to address them.
4. All who are required to report incidents, including ISS staff, are competent to respond to, report, and document incidents in a timely and accurate manner. ISS staff must report it accurately and in a timely manner.
5. Ongoing identification, assessment, and planning for both potential risks and actual occurrences are essential to the development of sound, person-centered strategies to prevent or *mitigate* serious incidents. Risk management is a never-ending process of identification, assessment planning, and evaluation of results.
6. Safety starts with those who work most closely with individuals receiving support and services. In your role as an ISS staff, you work day-to-day, hour-to-hour, and minute-to minute with individuals with developmental disabilities. You see things first and are in a position to anticipate risks early, before an accident or injury occurs. You have a unique responsibility in supporting quality of life for individuals and ensuring their health and safety.

Remember: Prevention is the number one priority!

Identifying Risk

Risk is a normal part of our lives. Many situations involve a certain amount of risk. For example: deciding whether or not to bring an umbrella in the morning because you might get wet if it rains. You can't do anything about the weather, but you can anticipate it and protect yourself. In deciding, you could watch the TV weather report, read the paper, or go on the Internet to find out weather predictions for the day. Based on this information, you could decide whether or not you need to carry an umbrella. The fact is we already practice risk management in our own lives.

The following section covers the types of risks—including health risks—related to functional abilities, challenging behavior, environmental risks, and lifestyle choices that you may identify in the lives of individuals you support.

Health Risks

If you were told that you had diabetes, you would most likely do everything you could to learn about the disease and its treatment and take whatever steps necessary to minimize the effects or risks associated with it. You would probably check your blood sugar regularly, watch your diet, and follow doctor's orders. In this example, you identified a health risk and then took actions to mitigate that risk. To *mitigate* risk means to lessen its effects. You may not be able to totally prevent a risk, but you can lessen its effects and improve an individual's quality of life. The individual's planning team is always a good resource in planning health related risk prevention and mitigation strategies to protect the individual.

Daily Living

An individual may be at increased risk related to daily living skills. For example, an individual may be at increased risk because of difficulty swallowing, lack of mobility, inability to transfer, or other functional challenges. Once again, the individual's planning team is a good resource in planning risk prevention and mitigation strategies to protect the individual.

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Behavior Challenges

An individual might be at an increased risk because of aggressive behavior where he or she might cause injury to himself or others.

Environmental Risks

If you find that your home has faulty electrical wiring, and the circuit breakers are blowing daily, you should get it repaired immediately. If the smoke detector has been disconnected because it sounds every time you cook, you need to reconnect it or relocate it immediately. Icy walks, broken seat belts, lack of handrails, and many other environmental conditions are all opportunities to practice risk management, either by preventing or mitigating the risk.

Risks Resulting from Lifestyle Choices

Risk can be greatly increased or decreased by certain lifestyle choices. High-risk behaviors such as driving in heavy traffic, riding a bicycle without a helmet, or walking alone in unfamiliar neighborhoods after dark are lifestyle choices. Practicing unsafe sex carries a high risk. Alcohol and drug abuse are other examples of lifestyle choices that increase an individual's risk. Once again, risks associated with these activities may be either prevented or mitigated through the application of risk management practices.

Risk Assessment and Planning

Once you have identified a risk, the next step is to gather more information about that risk and develop a plan to mitigate the risk. This is called *risk assessment and planning*.

Risk identification, assessment, and planning are all components of risk management that you do every day.

When something happens, you are doing risk assessment when you ask yourself:

"What happened?" "Why did it happen?" "Has it happened before?" "How often?" "Who was involved?" "What did others observe or do?"

When you start to think about the future and how to prevent an incident from happening again, you are doing risk management planning. You might ask, "What can I do to prevent it from happening again?" Or, if it has happened before, "What did I do last time, and did it work?" "Who else do I need to get help from?" "Is this something that the planning team needs to assist with?" This last question is important, especially for those individuals who are at increased risk because of multiple health problems or who have challenging behaviors that put themselves or others at risk. And lastly, "What is my next step?" In your role as DSP staff, you have continuous opportunities to do risk assessment and to develop and implement risk prevention and mitigation strategies to ensure safety.

The purpose of any risk assessment process is to:

- anticipate and identify potential risks;
- decide who else needs to be involved in helping to assess the potential risk
- (often the planning team);
- learn more about the type and degree of risk(s); and
- develop appropriate interventions to minimize potential harm and injury.

Safety Is About Awareness and Prevention

Safety means creating and then maintaining a hazard free environment by always doing things in a correct and careful manner; however, accidents happen. Is there some way to prevent them? It is important to assess situations so we can anticipate problems before they occur and brainstorm strategies to mitigate possible hazards. Preventing serious incidents is a high priority for all ISS staff. You can prevent accidents and, if they do occur, manage them in a way that minimizes injury to both you and the individual(s) you support.

Fundamentals

Practices that reduce the risk of injury:

- Being aware of what makes for a safe environment and creating and maintaining one
- Knowing and practicing the principles of risk management
- Securing medications and toxic substances
- Having good lighting
- Ensuring adequate room to move and eliminating tight spaces or pinch points
- Eliminating any tripping hazards
- Always practicing proper body mechanics when lifting
- Using proper wheelchair mobility techniques
- Sharing information about hazards
- Knowing and practicing emergency contingency plans
- Knowing First Aid & CPR

Falls

Falls commonly occur on flights of stairs, ladders, chairs and stools, roofs, and when getting in and out of bathtubs. Some falls are caused by individuals who step on an unseen object, such as marbles or a skateboard. Individuals of all ages fall out of bed or fall while getting out of bed. One of every four falls takes place on a level surface. Falls are caused frequently by carelessness. Some people just trip. Others are in too much of a hurry, playing roughly, or don't see an object before they fall over it. Some falls are caused by health problems such as fainting, poor eyesight, hypertension, osteoporosis of the hip, or overmedication.

Sometimes people fall when they are assisting others. The individuals you support are at an increased risk of falling and of suffering injury due to their disabilities, medication, and/or health problems. Individuals with a seizure disorder sometimes experience hard falls that result in injuries during their seizures. Similarly, poor coordination and muscle control associated with cerebral palsy can cause someone to fall, especially when the individual has a wobbly or unsteady gait.

Ways to Prevent Falls:

- Identify individuals at risk for falling and document fall precautions in the IISP.
- Be sure individuals needing assistive devices (canes, walkers) use them and store them properly.
- Keep cords, wires, and hoses out of walkways.
- Make sure adequate staff are available when an individual is physically lifted from one place to another, and make sure there is enough space.
- Provide handrails and guard rails at all elevated walkways or stairs.
- Use safety adaptations in the shower, such as a rubber mat in the bathtub or shower stall, a shower bench when the individual is unsteady or not well coordinated, or grab bars in the bathtub or shower stall.
- Keep the floors dry and clutter free.
- Install nightlights in bedrooms, halls, and bathrooms.
- Be sure nothing (clothes, toys, books) is left on stairways or on the floor.
- Use non-skid matting under floor rugs.
- Carpet stairs and put a rubber runner on stairs to basement.
- Replace worn out carpet and make sure it doesn't come loose.
- Use a ladder rather than stretching to reach something.
- Use well-maintained ladders and always have another individual close by.
- Provide good outdoor lighting on walks and driveways.
- When it is icy, put sand or salt on porches and other walkways. Remove snow.